

PERMIT NO.:

Date Rec'd.:

Amount Rec.:

Check No.:

Rec'd By:

MTG010112

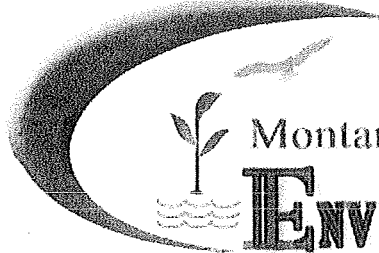
10/29/13

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01681

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Montana Department of ENVIRONMENTAL QUALITY

WATER PROTECTION BUREAU

FORM
NOI

Notice of Intent (NOI) for Montana Pollution Discharge Elimination System Application for New and Existing Concentrated Animal Feeding Operations

The Application form is to be completed by the owner or operator of a Concentrated Animal Feeding Operation (CAFO) or Aquatic Animal Production Facility. Please read the attached instructions before completing this form. You must print or type legibly; forms that are not legible or are not complete will be returned. You must maintain a copy of the completed application form for your records.

Section A - Application Status (Check one):

- ☐ New No prior application submitted for this site.
- ☐ Resubmitted Permit Number: MTG _____
- ☒ Renewal Permit Number: MTG 0 1 0 1 1 2
- ☐ Modification Permit Number: MTG _____

10/30/13

Section B - Facility or Site Information (See instruction sheet.):

Site Name Central Montana Livestock Auction IncSite Location 83 Stockyards LaneNearest City or Town LewistownCounty FergusLatitude 47.08241223233305Longitude 109.42564378369138Date Facility began operation? 1950 (approximately)Is this facility or site located on Indian Lands? ☐ Yes ☒ No

Section C - Applicant (Owner/Operator) Information:

Owner or Operator Name Lyle and Janice AllenMailing Address PO Box 1190City, State, and Zip Code Lewistown Mt 59457Phone Number 406-535-3535Is the person listed above the owner? ☒ Yes ☐ NoStatus of Applicant (Check one) ☐ Federal ☐ State ☒ Private ☐ Public ☐ Other (specify) _____

Section D - Existing or Pending Permits, Certifications, or Approvals: ☐ None☒ MPDES MtG 010112☐ RCRA☐ PSD (Air Emissions)☐ Other☐ 404 Permit (dredge & fill)☐ Other**Section E - Standard Industrial Classification (SIC) Codes:**

Provide at least one SIC code which best reflects the activity of project described in Section H.

Code	A. Primary	Code	B. Second
1	5154	2	
Code	C. Third	Code	D. Fourth
3		3	

Section F - Facility or Site Contact Person/Position:Name and Title, or Position Title Lyle Allen Owner/Corp PresidentMailing Address PO Box 1190City, State, and Zip Code Lewistown Mt 59457Phone Number 406-366-2303 cell 406-538-4440 home**Section G - Receiving Surface Waters(s):**

Outfall/Discharge Locations: For each outfall, List latitude and longitude to the nearest second and the name of the receiving waters

Outfall Number	Latitude	Longitude	Receiving Surface Waters
001	47.07835	109.42619	Breed Creek
002			
003			
004			
005			

Map: Attach a topographic map extending one mile beyond the property boundaries or the site activity identified in Section B depicting the facility or activity boundaries, major drainage patterns, and the receiving surface waters, stated above. Also identify the specific location of the production area, and land application area(s).

Is the receiving water on the 303(d) list for nutrients (nitrogen and/or phosphorus)

☐ Yes ☒ No

Section H – Concentration Animal Feeding Operation Characteristics

Waste Production, Storage and Disposal

Animal type	Number in Open Confinement	Number Housed Under Roof
<input type="checkbox"/> Mature Dairy Cows		
<input type="checkbox"/> Dairy Heifers		
<input type="checkbox"/> Veal Calves		
<input type="checkbox"/> Cattle (not dairy or veal)	1000 ave per sale	
<input type="checkbox"/> Swine (55 lbs or over)		
<input type="checkbox"/> Swine (55 lbs or under)		
<input type="checkbox"/> Horses	30 ave per sale/5 all yr	
<input type="checkbox"/> Sheep or Lambs	200 ave per sale	
<input type="checkbox"/> Turkeys		
<input type="checkbox"/> Chickens (broilers)		
<input type="checkbox"/> Chickens (layers)		
<input type="checkbox"/> Ducks		
<input type="checkbox"/> Other (Specify: _____)		
<input type="checkbox"/> Other (Specify: _____)		
<input type="checkbox"/> Other (Specify: _____)		

Manure, Litter and/or Wastewater Production and Use.

How much manure, litter, and process wastewater is generated annually by the facility?

Solid (tons): 161 tons Liquid/Slurry (gallons): _____

If land applied, how many acres of land under control of the permit applicant are available to apply the manure, litter, or process wastewater generated from the facility? (Note: Do not include setback distances in available acreage)

N/A Acres

How much manure, litter, and process wastewater is transferred to other persons per year? (estimated) Solid

(tons): 161 tons Liquid/Slurry (gallons): _____

Were the containment structures built after February 2006? *no*

- ☐ Do the waste containment structures have 10 feet of separation between the pond bottom and any bedrock formations?
- ☐ Do the waste containment structures have 4 feet of separation from the pond bottom and any ground water?
- ☐ Were any of the waste containment structures built within 500 feet of any existing well?

Type of Containment/Storage	Total Capacity	Units (gallons or tons)	Days of Storage
<input type="checkbox"/> Anaerobic Lagoon			
<input checked="" type="checkbox"/> Storage Pond #1	450,000	gallons	365
<input type="checkbox"/> Storage Pond #2			
<input type="checkbox"/> Storage Pond #3			
<input type="checkbox"/> Storage Pond #4			
<input type="checkbox"/> Storage Pond #5			
<input type="checkbox"/> Above Ground Storage Tank			
<input type="checkbox"/> Below Ground Storage Tank #1			
<input type="checkbox"/> Below Ground Storage Tank #2			
<input type="checkbox"/> Underfloor Pits			
<input type="checkbox"/> Roofed Storage Shed			
<input type="checkbox"/> Concrete Pad			
<input type="checkbox"/> Impervious Soil Pad			
<input checked="" type="checkbox"/> Other (Specify: <u>filter strip</u>)	<u>see original ap. form on file at DEQ</u>		
<input type="checkbox"/> Other (Specify: _____)			

Physical Data for CAFO

Nutrient Management Plan

All Concentrated Animal Feeding Operations seeking permit coverage after July 31, 2007 are required to complete and implement a Nutrient Management (NMP). The NMP must be submitted to the Department using the form provided by the Department (Form NMP). Check the box below that applies and provide the required information. The NMP must be developed in accordance with ARM 17.30.1334 and implemented upon the effective date of permit coverage. (Check One)

☒ Does the facility have an NMP?

Date NMP was developed: May 2009

Date NMP was last modified: _____

☐ NMP has not been prepared; provide detailed explanation below

Section I – Supplemental Information

Storage pond has a feature to let water out onto a filter strip. See original ap. form on file at DEQ.

Section J - CERTIFICATION

Permittee Information:

This Form NMP must be completed, signed, and certified as follows:

- For a corporation, by a principal officer of at least the level of vice president;
- For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or
- For a municipality, state, federal, or other public facility, by either a principal executive officer or ranking elected official.

All Permittees Must Complete the Following Certification:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information; including the possibility of fine and imprisonment for knowing violations. [75-5-633, MCA]

A. Name (Type or Print)

Lyle Allen

B. Title (Type or Print)

Owner/ Corp President

C. Phone No.

406-366-2303

D. Signature

E. Date Signed

Oct 17, 2013

The Department will not process this form until all of the requested information is supplied, and the appropriate fees are paid. Return this form (NOI) and the applicable fee to:

Department of Environmental Quality
Water Protection Bureau
PO Box 200901
Helena, MT 59620-0901
(406) 444-3080

10/30/13

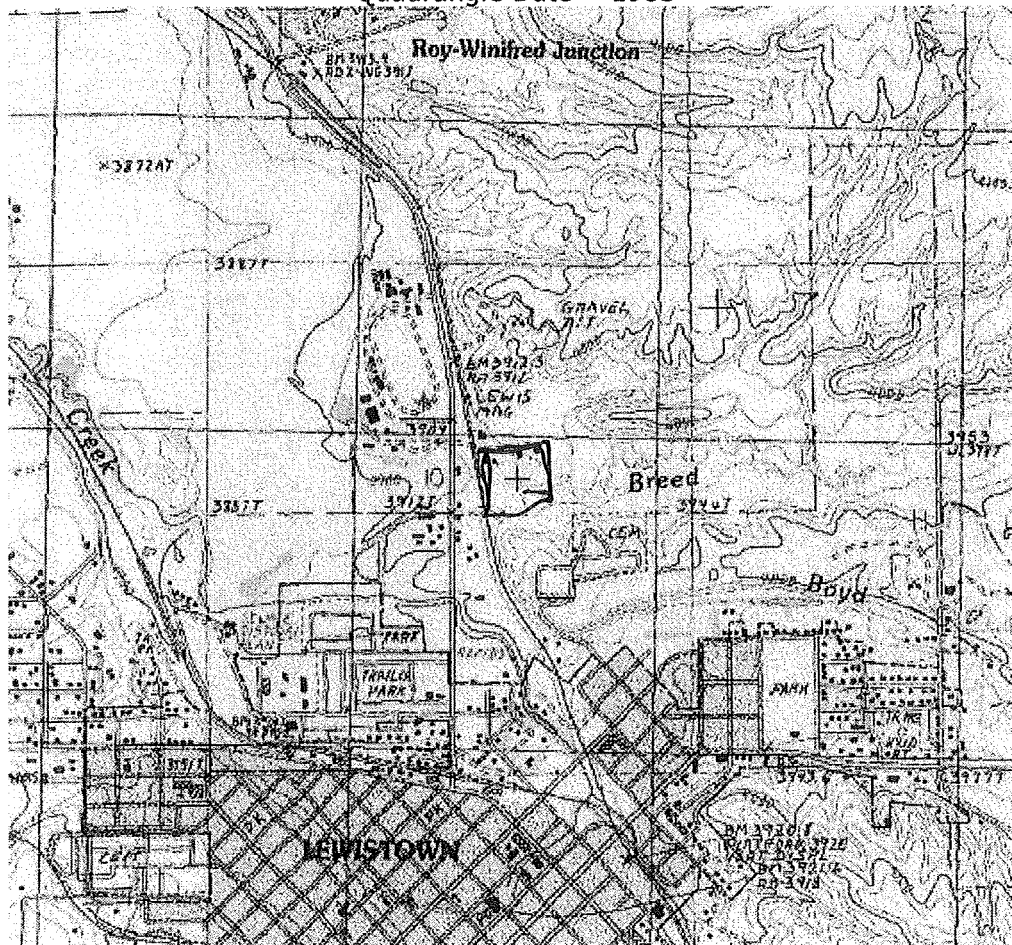
Montana Topographic Map Finder

The map is 1.86 miles wide.

Choose Image Type

Topographic Map

Quadrangle Date = 1985



Select a Map Control,
then click on the map

Map Controls

☒ ZoomIn Zoom Factor
☐ ZoomOut
☐ New Center

Map Center Coordinates at Red +

Datum: NAD83 ☒ NAD27 ☐

Decimal Degrees

Lat 47.07835 Long -109.42619

State Plane

E 605602 N 314285

UTM Zone 12

E 619473 N 5215073

US National Grid

12T XT 19473 15073

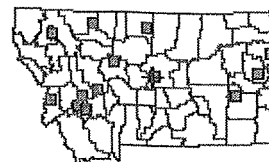
TRS T15N R18E S10

Hydrologic Unit 10040103
Judith River

Download 24K
quadrangle: [Lewistown](#)

Download 100K
quadrangle: [Lewistown](#)

Click the small map to move the main
map center.



Green squares show areas where 2004
hi-resolution color photos are
available.

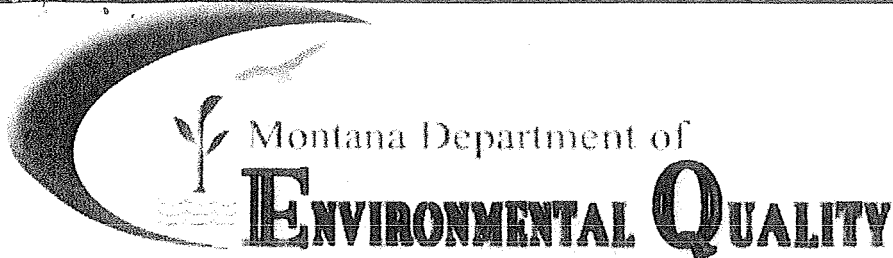
[Legend](#) | [Help](#)

Map Size: ☐ Extra Large ☐ Large ☒ Small

[Click Here](#) to view other map data for this area.



Technical questions about the application can be directed to: nris@mt.gov
Please let us know if you have problems with the Topofinder!!



WATER PROTECTION BUREAU

Agency Use

Permit No.:

MTG 010112

Date Rec'd

10/29/13

Rec'd By

FS

FORM
NMP

Nutrient Management Plan

READ THIS BEFORE COMPLETING FORM: Before completing this form (Form NMP), Concentrated Animal Feeding Operation (CAFO) operators need to read the General Permit, particularly Part IV.A. CAFO operators also need to read the "Instructions For Filling Out Form NMP," found at the back of the Form. Form NMP is intended to help CAFO operators develop a site-specific Nutrient Management Plan, in compliance with Part IV.A of the General Permit and all applicable State rules and statutes. Your Nutrient Management Plan must be maintained at the site as required in Part III of the General Permit. Sections B and C on your Form NMP must state the information exactly the same way as it was stated on the most recently submitted version of your Form 2B. Attach additional pages as necessary, indicating the corresponding section number on this NMP form. For additional help in filling out this form please read the attached instructions. The 2008 General Permit, current fee schedule, and related forms are available from the Water Protection Bureau at (406) 444-3080 or <http://www.deq.mt.gov/wqinfo/MPDES/CAFO.asp>

Section A - NMP Status (Check one):

- ☐ New No prior NMP submitted for this site.
☒ Modification Change or update to existing NMP.

Permit Number: MT GO10112 (Specify the permit number that was previously assigned to your facility.)

Section B - Facility or Site Information:

Site Name Central Montana Livestock Auction Inc

Site Location SSW 1/4 NE 1/4 Section 10 T 15N R18E

Nearest City or Town Lewistown County Fergus

Section C - Applicant (Owner/Operator) Information:

Owner or Operator Name Lyle and Janice Allen

Mailing Address PO Box 1190

City, State, and Zip Code Lewistown Mt 59457

Phone Number 406-538-9471 Email lewlive@midrivers.com

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FINANCIAL SERVICES
2013 OCT 29 A 4:56

Section D - NMP Minimum Elements:**1. Livestock Statistics**

<i>Animal Type and number of animals</i>	<i># of Days on Site (per year)</i>	<i>Annual Manure Production (tons, cu. yds. or gal)</i>
1. Cattle (weekly sales-typical 39 sales/year) 1000	3+/_ per sale week	150
2. Sheep (monthly sales May - Sept) 200	5 total/year	1 ton
3. Horses (5-10 on sale day, 15-30, 5 days/yr)	3 to all year	10
4.		
5.		
6.		
7.		
8.		

Method used for estimating annual manure production:

DEQ 9

2. Manure Handling

Describe manure handling at the facility:

Remove from pens and alleys to stockpile continuously throughout year. Stockpile removed and processed
by contract once per year, completed by end of summer

Frequency of Manure Removal from confinement areas:

Continuously removed from pens and alleys. Removed from facility once per year as contractor schedule permits

Is this manure temporarily stored in any location other than the confinement area? ☐ Yes ☒ No

If so then how and where?

Is manure stored on impervious surface? ☐ Yes ☒ No

If yes, describe type and characteristics of this surface:

3. Waste Control Structures

<i>Waste Control Structure (name/type)</i>	<i>Length (ft)</i>	<i>Width (ft)</i>	<i>Depth (ft)</i>	<i>Volume (cubic ft or gallons)</i>
1. Collection System				
2. Detention Pond	250	100	3	450,000 gallons
3. Filter strip				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

4. Disposal of Dead Animals

Describe how dead animals are disposed of at this facility:

Pick up by Lewistown Disposal, a local disposal company

5. Clean Water Diversion Practices

Describe how clean water is diverted from production area:

Ditch/swale system unchanged from 2004 submittal. A ditch surrounds the confinement area on 3 sides,

preventing clean water from running off through the area. With the confinement area swales and berms

direct runoff into the retention facility described in #3 above. This is a lined retention pond of the stated

dimensions.

6. Prohibiting Animals and Wastes from Contact with State Waters

Describe how animals and wastes are prohibited from direct contact with state waters:

Corrals do not intercept, runoff detention and grass filter strip.

Describe how chemicals and other contaminants are handled on-site:

Secure storage

Limited application mostly for fly control

8. Best Management Practice (BMPS)

Describe in detail all temporary, permanent and structural Best Management Practices (BMPs) which will be used to control runoff of pollutants from facility's **production area**. Indicate the location of these measures. Include a schedule for implementation of each of these measures. Examples of BMP measures could include but are not limited to: constructing ditches, terraces, and waterways above an open lot to divert clean water run on; installing gutters, downspouts and buried conduits to divert roof drainage; providing more roofed area; decreasing open lot surface area; repairing or adjusting water systems to minimize water wastage; using practical amounts of water for cooling purposes; recycling water if practical and applicable.

Diversion of runoff, repair of waterers, operation per guidelines in sensible manner.

Describe in detail all temporary, permanent and structural Best Management Practices (BMPs) which will be used to control runoff of pollutants from facility's **land application area**. Indicate the location of these practices. If not already in use, include a schedule for implementation of each of these measures. Attached details and specifications may be used to supplement this description. Examples of BMP measures could include but are not limited to: maintaining setbacks from surface waters for manure applications; managing irrigation practices to prevent ponding of wastewater on land application sites; never spray irrigating wastes onto frozen ground; consulting with the Department prior to applying any liquid waste to frozen or snow-covered ground; applying wastes at agronomic rates.

Plant sampling/tissue analysis	yes/no	Rotational grazing	yes/no
Conservation or reduced tillage	yes/no	Manure injection or incorporation	yes/no
Terraces or other water control structures	yes/no	Contour plantings	yes/no
Riparian buffers or vegetative filter strips	yes/no	Winter "scavenger" or cover crops	yes/no
Other examples	n/a		

9. Implementation, Operation, Maintenance and Record Keeping – Guidance

The permittee is required to develop guidance addressing implementation of NMP, proper operation and maintenance of the facility, and record keeping as described in Part II of the permit.

Has a guidance document been developed for the facility? ☒ Yes No

Certify the document addresses the following requirements:

Implementation of the NMP:	<input checked="" type="checkbox"/> Yes	No
Facility operation and maintenance:	<input checked="" type="checkbox"/> Yes	No
Record keeping and reporting:	<input checked="" type="checkbox"/> Yes	No
Sample collection and analysis:	<input checked="" type="checkbox"/> Yes	No
Manure transfer:	<input checked="" type="checkbox"/> Yes	No

Provide name, date and location of most recent documentation:

CAFO permit application (sections I & J specific to NMP) dated 12/27/04 on file at DEQ and copy on sight at CMLA. Form NMP submitted 2/09 on file with DEQ, copy on site a CMLA

If your answer to any of the above question is no, provide explanation

Section E – Land Application

Will manure be land applied to land either owned, rented, or leased by the owner or operator of the facility?

*No If no, then provide an explanation of how animal waste at this site are managed.

Yes If yes, then the information requested in Section E must be provided.

Photos and/or Maps

Attach an aerial photograph or map of the site where manure is to be applied. (Use multiple photos/maps if necessary to show required details.) The photo(s)/map(s) must be printed on no larger than an 11"x17" piece of paper, and must clearly identify the following items:

- Individual field boundaries for all planned land application areas
- A name, number, letter or other means of identifying each individual land application field
- The location of any down-gradient surface waters
- The location of any down-gradient open tile line intake structures
- The location of any down-gradient sinkholes
- The location of any down-gradient agricultural well heads
- The location of all conduits to surface waters
- The specific manure/waste handling or nutrient management restrictions associated with each land application field.
- The soil type(s) present and their locations within the individual land application field(s)
- The location of buffers and setbacks around state surface waters, well heads, etc.

Land Application Equipment Calibration

Describe the type of equipment used to land apply wastes and the calibrating procedures:

n/a

Manure Sampling and Analysis Procedures

A representative manure sample will be analyzed a minimum of once annually for Total Nitrogen, and Total Phosphorus. Analysis results will be reported in lbs/ton or lbs/1,000 gal. Results of these analyses will be used in determining application rates for manure, litter, and process wastewater.

Manure Sample collection will occur according to the following method:

The recommended method(s) found in Section 5 of Department Circular DEQ 9

Other (describe) n/a

Soil Sampling and Analysis Procedures

A representative soil sample from the top 6 inch layer of soil in each field will be analyzed for phosphorus content at least once every five years. Analyses will be conducted by a qualified laboratory, using the Olsen P test. Results will be reported in parts per million (ppm) and will be used in determining application rates for manure, litter, and process wastewater.

Soil sample collection will occur according to the following method:

The recommended method(s) found in Section 5 of Department Circular DEQ 9

Other (describe) n/a

Land Application Data-Narrative approach

The following must be filled out for each field to which manure, litter or process wastewater will or may be applied for the period of the permit (5 years). Use as many sheets as necessary to fulfill this requirement. **Fields with identical crops and soil types may be grouped together.**

Crops and Manure

Field Name and spreadable acres for each (for fields with identical crops and soils type):

Crop 1 (year 1 or ?) plant species

Irrigated (Y/N)

Yield Goal (ton/ac or bushel/ac)

N Content of soil as nitrate (lbs/acre or ppm)

P Content of soil as P₂O₅ (lbs/acre or ppm)

Time of Year When Application will Occur (month)

Application frequency (per year by month)

Form of manure (liquid/solid)

Method of Application

Is manure incorporated or broadcast?

Frequency of Application (yearly, biannual, etc.?)

Crop 2

Irrigated (Y/N)

Yield Goal (ton/ac or bushel/ac)

N Content of soil as Nitrate (lbs/acre or ppm)

P Content of soil as P₂O₅ (lbs/acre or ppm)

Time of Year When Application will Occur (month)

Application frequency (per year, by month)

Form of manure (liquid/solid)

Method of Application

Is manure broadcast, injected or incorporated?

Frequency of Application (Annual, Biannual, ,etc?)

- d) The permittee will complete the *Nutrient Budget Worksheet*, below, for each crop grown on each field to which manure or process waste water is or may be applied during the first year of application. A copy of each Nutrient Budget Worksheet will be maintained on site, and a copy will be submitted to the Department.

Nutrient Budget Worksheet

Site/Field:

<i>Nutrient Budget</i>		<i>Nitrogen-based Application</i>	<i>Phosphorus-based Application</i>
	Crop Nutrient Needs, lbs/acre included in Department Circular DEQ 9		
(-)	Credits from previous legume crops, lbs/acre (from DEQ-9), as applicable		
(-)	Residuals from past manure production, lbs/acre (lbs/acre applied in previous year(s) x fractions listed in DEQ-9)		
(-)	Nutrients supplied by commercial fertilizer and Biosolids, lbs/acre		
(-)	Nutrients supplied in irrigation water, lbs/acre		
	= Additional Nutrients Needed, lbs/acre		
	Total Nitrogen and Phosphorus in manure, lbs/ton or lbs/1,000 gal (from manure test)		
(x)	Nutrient Availability factor (for Nitrogen based application see DEQ-9, below; for Phosphorus based application use 1.0)		
	= Available Nutrients in Manure, lbs/ton or lbs/1,000 gal		
	Additional Nutrients needed, lbs/acre (calculated above)		
(/)	Available Nutrients in Manure, lbs/ton or lbs/1,000 gal (calculated above)		
	= Manure Application Rate, tons/acre or 1,000 gal/acre		

Comments:

Section F - CERTIFICATION**Permittee Information:**

This Form NMP must be completed, signed, and certified as follows:

- For a corporation, by a principal officer of at least the level of vice president;
- For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or
- For a municipality, state, federal, or other public facility, by either a principal executive officer or ranking elected official.

All Permittees Must Complete the Following Certification:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information; including the possibility of fine and imprisonment for knowing violations. [75-5-633, MCA]

A. Name (Type or Print)

Lyle Allen

B. Title (Type or Print)

Owner/ President

C. Phone No.

406-366-2303

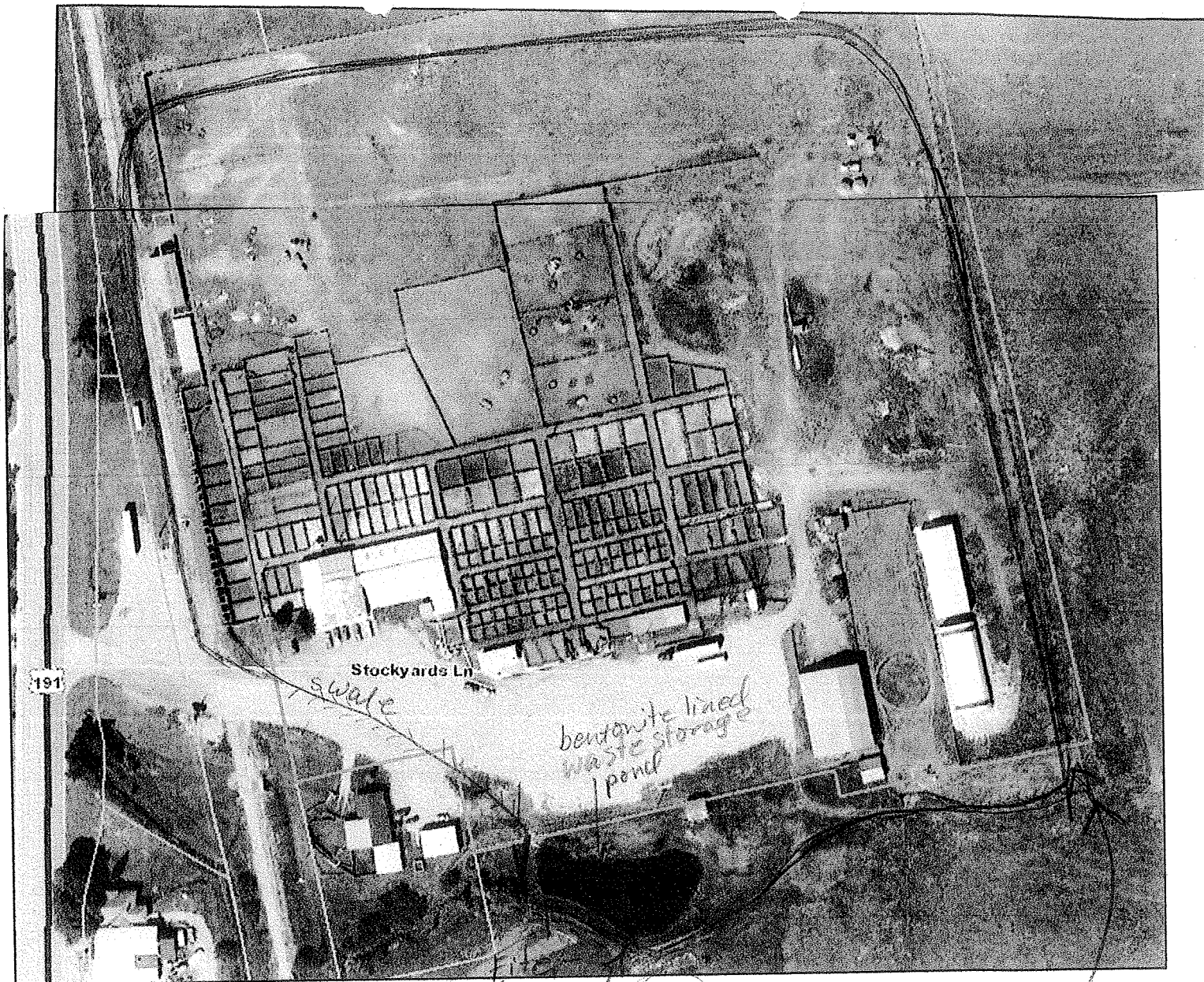
D. Signature**E. Date Signed**

10/15/13

Return the Form NMP, Nutrient Management Plan to:

Department of Environmental Quality
Water Protection Bureau
PO Box 200901
Helena, MT 59620-0901
(406) 444-3080

10/30/13



FIRE

8' galvanized pipe

strip

10' pipe

creek bank

creek

10' steel

(Seasonal Water Flow)

berm
ditch
Surrounding
the yard
drainage
4 containing
waste water